

**EASTERN TOXICOLOGY WORKSHEET  
-POLICE CASES-**

**VICTIM / SUSPECT NAME:** \_\_\_\_\_ **AGENCY CASE#** \_\_\_\_\_

**Date Opened / Initials:** \_\_\_\_\_ **Date Resealed / Initials:** \_\_\_\_\_

**Received Sealed (See attached sheet for notes)** **CONT#** \_\_\_\_\_ **Type of Offense** \_\_\_\_\_

**SAMPLES RECEIVED:** \_\_\_\_\_ **TOP BLD** \_\_\_\_\_ (Item \_\_\_\_\_) \_\_\_\_\_ **TOP BLD** \_\_\_\_\_ (Item \_\_\_\_\_)  
**CONTAINER OF URINE** \_\_\_\_\_ (Item \_\_\_\_\_)

**ETHANOL/VOLATILES** **ETHANOL QUANT:** \_\_\_\_\_:BLOOD \_\_\_\_\_:URINE

<b><u>TD<sub>x</sub> SCREENS</u></b>	<b>Specimen / Results</b>		<b>Specimen / Results</b>
<b>BE/COC</b>	BLOOD / _____ URINE / _____	<b>OPIATES</b>	BLOOD / _____ URINE / _____
<b>BARBS</b>	BLOOD / _____ URINE / _____	<b>BENZO</b>	BLOOD / _____ URINE / _____
<b>CANNAB</b>	BLOOD / _____ URINE / _____	<b>AMP/METH</b>	BLOOD / _____ URINE / _____

<b><u>OTHER SCREENS / QUANTITATIONS / CONFIRMATIONS</u></b>	<b>INITIAL</b>	<b>DATE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DATE / ALIQUOT / TEST / INITIAL**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____